

GENERAL INFORMATION FORM

FEDERAL STATE ACCESS AND VISITATION PROGRAM GRANT

FISCAL YEAR 2006

GOVERNOR'S USE ONLY Date Received: _____		Application Number: _____	
APPLICANT IDENTIFICATION			
Agency Name: _____			
Address: _____			
City: _____		State/Zip: _____	County: _____
Website: _____		Federal Employer Identification Number: _____	
AUTHORIZED CERTIFYING OFFICIAL			
(The primary contact listed will receive ALL correspondence from this office.)			
Name: _____			
Telephone: () _____		Fax: () _____	EMAIL: _____
Fiscal Officer:			
Name: _____			
Telephone: () _____		Fax: () _____	
PROGRAM INFORMATION		Funding Period: From October 1, 2005 to September 30, 2006	
County (ies) in which proposed grant project will operate: _____			
State Judicial District(s) to be served: _____			
Brief description of proposed grant project: _____			
Number of families to be served by proposed grant project: _____			
Number of years this agency has been in operation: _____			
Number of years the supervised exchange and visitation project has been in operation: _____			
If awarded, these funds will:			
_____ Create a new grant project or service activity OR			
_____ Enhance or expand an ongoing grant project or service activity <u>not</u> previously funded by			
_____ Federal SAVP funds OR			
_____ Continue existing project currently funded with Federal SAVP funds			
Total Agency Budget for Current Fiscal Year: \$ _____		Next Fiscal Year: \$ _____	
Federal State Access and Visitation Program Fund Request (Dollar Amount):			
(excluding match; i.e. 90% of Total Proposed Grant Project)		\$ _____	
(this figure should match #2 on the Budget Summary Form)			
Grant Match (non-federal cash or in-kind) Dollar Amount (must be 10% of Total Proposed Grant Project):			
		\$ _____	
List match source(s): _____			

This page should be completed last, after the rest of the application is ready to be submitted.